BILLING CARD

MH/ PRINT / 0007 / BILL / FO

Patient Name Child. KERIYAN J D.O.A 15/7/24 Time 11:15 pm

IP No. DO 24000949

Room No. GIW/M Rent Per Day 1000

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
15/7/24.	11.45 pm	casualty	GIW	

OPERATION THEATRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEATRE

Date	:	OT. No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

CBG

CBG

Date	PHYSIOTHERAPY

NEBULIZER

NEBULIZER

16/7/24 Neb - (2)

17/7/24 Neb - (3)

18/7/24 Neb - (3)

19/7/24 Neb - (3)

(6) BB 19/07/24

BB 20/07/24.

Ref : Dr. Manivannan

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
Dr. Maheshwaran	16/7/24	17/7/24	18/7/24	19/7/24	20/7/24		
Mrg		11.15AM	11.AM	3pm	2.30pm		
Eve	4pm 10pm	11PM	9pm	10PM			

PHARMACY	AMBULANCE
OT DRUGS REPLACED : Thy. Me	
BILL CLEARED : TOTAL - 1799/-	
RETURNS CHECKED : no due	

Other Procedures : (specify) :-

Admission Officer :

Sister In-charge